SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

Owner(s):

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) NOV 3 0 2018

Bayfield Co. Zoning Dept.

VIERED	Permit #:	10 4/00
- LUEN		18-0493
	Date: Amount Paid:	12-6-18
(1) 3 − +3	Amount Paid:	\$180 12-4-18
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

			PERIVITS HAV															
TYPE OF PERMIT RI Owner's Name:	EQUES1	ΓED—▶	☐ LAND	USE	□ SAN				□ C	ONDITION			IAL	JSE	☐ B.O.		OTHE	R
WILL ()Ri	-18.12	104 1			239	ng Addre	ss: BACKBE	792	230		ate/Zip:		1		Telepho	ne:	
Address of Property:	J1JL								- 1		Wi	WOHA, T	20	J_		Cell Pho	no:	
	6111	772	an Pa			City/State/Zip: DRUMMONN WI										507 - 20		0528
Contractor: RICK YET	916	3 12	AYMS			Contractor Phone: Plumber:										Plumber	Phon	e:
KICK YER	RAG	T B	WILDER	2		307-273 - 8/27										diiibei		
Authorized Agent: (P	r(s))		t Phone:					ess (include City/	State/	Zip):	12	Written		rization				
RICK			44	1405 E	74G	LE POUT DR	5	482	1	Attache Ves								
PROJECT LOCATION	Legal	Description: (Use Tax Statement) PIN: (23 digits) 04- 01 ま 244 の 7 3 2 i									Reco				Documen			Ownership)
1/4,		_ 1/4	Gov't	Te I	Lot(s)	cs 9	101	Vol & Pag	,	Lot(s)	No.	Block(s) No.	Sub	divisio	1:			
Section 3	2,1	Γownship	44	N, Range	07	w		Town of:		hours			Lot 58	Size S19	0	Acrea	ige 34	
	□ le l	Droporty	/Land within	200 for	at of Divo	r C+ro					burrati	una la fuera Che		1				
	Cree		dward side o					Intermittent tinue —	8	visiance 2	uct	ure is from Sho	-	: eet		erty in in Zone?		e Wetlands Present?
Shoreland →	□ Is I	Property	/Land within	1000 fe	et of Lak	e, Por	nd or Flo	wage	1	Distance S	truct	ure is from Sho	reline	:		Yes		☐ Yes
	-	(4)	¥	Ti .		If y	escon	tinue —	-	+12	5		f	eet	D	No		₽No
☐ Non-Shoreland			v."		-													
Value at Time				N BE	2571,781		No.					STONE WHAT	-1859					
of Completion		Proje	ct	# 0	of Storie:	S				#				at Typ				
* include donated time &				100000	r basem	l lca				of bedrooms			/Sanitary System				Water	
material										Jeuroom	3	Is on the property						
		w Const		□ 1-9		☐ Seasonal ☐ 1 ☐ Municipal/Cit										☐ City		
\$ (250)			Alteration		Story + L	□ □ 3										Well		
<u> </u>		ocate (e	kisting bldg)		Story sement							or Vaulted (min 200 gallon)						
, , , , , , , , , , , , , , , , , , ,		a Busi			Basemo	ent			_	✓ None	Portable (w				1 200 gail	on)		
	Pro	perty			undatio							Compost To						
	PL	DETACHO	an GARAGE):	- 1	□ None						
Existing Structure	: (if pe	rmit beir	ng applied fo	r is relev	ant to it)		Lengt	h:			1	Nidth:			He	ight:		
Proposed Constru	action:				and and		Lengt		8 "				8 -		200.00		23	·-
		NG H																
Proposed Use	е	1					Propos	ed Struct	ture					Di	mensio	ns		quare ootage
	7		Principal	Structu	re (first	struc	ture on	property	y)					(Х)		
			Residence			nting	shack, e	etc.)						(Х	-)		
Residential U	Isa	-		with									_	(Х)		
Residential (-36	9			a Porch (2 nd) Po								+	(X)		
					a Deck								+	(X)		-
					(2 nd) De	ck					3		1	(Х)		
☐ Commercial	Use			with	Attache	d Gai	rage							(Х)	-	
-			Bunkhous	se w/ (□	sanitary	, <u>or</u> [sleepir	ng quarte	rs, <u>or</u>	☐ cookin	g & fc	ood prep facilitie	s)	(Х	. (h	
-			Mobile H	ome (m	anufactu	red da	ite)						_	(Х	.)		
☐ Municipal Us			Addition/	Alterat	ion (spe	ecify)								(Х)		
- Municipal O	JE	Ø	Accessory											128	x 38	r)	10	64
Accessory Building Addition/Alteration (specify) (X)								
											1.1		_					*
			Special Us	se: (expl	ain)						-		_	(Х)		
Vertical Control			Other: (e)											(X)		
*														(Х)		
I (we) declare that this am (are) responsible for may be a result of Bay above described prope	or the deta /field Cou i	il and accu nty relying	any accompany racy of all inforn on this informat	ring informa nation I (we ion I (we) a	ation) has be e) am (are) p am (are) pro	en exan	nined by me	e (us) and to	the bes	t of my (our)	knowle	in determining wheth	ie, corr	ect and c	mit I (we)	further acce	nt liabili	ity which

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) 15/15 Authorized Agent: Date (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 44405 EAGLE POINT DRIVE CABLE WI Address to send permit ___

Date

Copy of Tax State

Show Location of: (2) Show / Indicate:

Proposed Construction

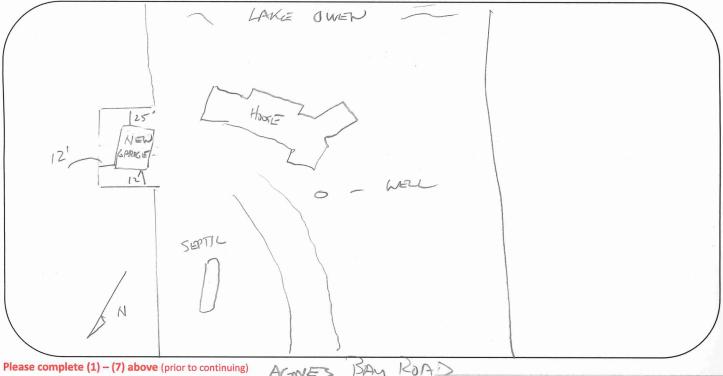
(3) Show Location of (*): North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)

(4)Show: All Existing Structures on your Property

Show: (5)(6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

AGNES

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	ent		Description	Measurement		
Setback from the Centerline of Platted Road	T100	Feet		Setback from the Lake (ordinary high-water mark)	125	Feet	
Setback from the Established Right-of-Way	+ 100	Feet	58	Setback from the River , Stream , Creek	123	Feet	
			1/15	Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line		Feet				7	
Setback from the South Lot Line	75	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	12	Feet	in	20% Slope Area on property	☐ Yes	☐ No	
Setback from the East Lot Line	F80	Feet		Elevation of Floodplain		Feet	
			Bij				
Setback to Septic Tank or Holding Tank	+30	Feet		Setback to Well	IDT	Feet	
Setback to Drain Field	450	Feet					
Setback to Privy (Portable, Composting)		Feet	100	P			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use On	ly) Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:	ial:							
Permit #: 18-0493	Permit Date: 12-0	0-18							
	d of Record)	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached □ Yes □ No □ Yes □ No					
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Yes No	/ Variance (B.O.A.)	#:					
	es 🗆 No	Were Property Line	es Represented by Owner Was Property Surveyed	□ Yes □ No □ Yes □ No					
Inspection Record:				Zoning District (A-/)					
		Lakes Classification (
Date of Inspection: 11/30/19	Inspected by:	Date of Re-Inspection:							
Condition(s):Town, Committee or Board Condition	ions Attached?	In they need to be atten							
Signature of Inspector:	habitation / sleeping po	y building shall be used f urposes without necessa pressurized water shall d connection to POWTS. N	enter the	Date of Approval: 12/5/18					
Hold For Sanitary: Hold For TBA	A: Hold For Affid	idavit: 🗆 Hold For Fees: 🗎 🗓							

City, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	0493	}		Issue	d To: W	illard	& Shirley C	berto	n / R	ick Yerh	ot,	Agen	t	
Location:	-	1/4	of		1/4	Section	32	Township	44	N.	Range	7	W.	Town of	Drummond
Gov't Lot Lot		Lot	1	Blo	Block S			on			CSM# 948				
						The residence of the same of t		Garage (28			-	ft.]			

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

December 6, 2018

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

BAYFIELD COUNTY, WISCONSIN DEC 0 4 2018

APPLICATION FOR PERMIT

Permit #: Date: Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept

Refund:

	STRUCTION	UNTIL	ALL PERMITS F	HAVE BEEN ISSUED	TO APP	LICANT.			FILL OU	T IN INK	(NO PE	NCIL)	
TYPE OF PERMIT F	REQUEST	ED-	□ □ LANI	D USE SAN			CONDITION		SPECIAL	USE [B.O.A.	□ 0	THER
Owner's Name: ANN GLEIC	HERT	+#	0113511	HITE		ng Address:		y/State/Zip:		547		elephon	e:
		, ,,		7.172		12 118 14 5	0	HIPPEW	A FALL	5 W1			
Address of Property						State/Zip:				Cell Phone:			
54350 A	RNIE	CA	RLSON	/	DR	UMM 3 ND ractor Phone: F	ا اس	54832	-		//	5 569	3823
Contractor:					Conti	ractor Phone: F	lumber:					lumber F	
Authorized Agent: ((Person Sign	ning Appli	ication on behal	f of Owner(s))	Agen	t Phone:	Agent Mailing A	Address (includ	e City/State	/Zip):			uthorization
											А	ttached	
PROJECT					Tax II	D#				Recorde		Yes [ent: (Show	✓ No wing Ownership) ✓ Ownership ✓
LOCATION	Legal	Descrip	tion: (Use T	ax Statement)		14402				-			-
NW 1/4,	5W1	14	Gov't Lot	Subdivi	sion:								
		, ·											
Section 24, Township 45 N, Range 07 W Town of:											:	Acreag	
						DRUM	MONE	/				40	<u>م</u>
						eam (incl. Intermittent)		ructure is fro	m Shoreline	e:	Is Proper	ty in	Are Wetlands
☐ Shoreland →				of Floodplain?		rescontinue	15				loodplain	Zone?	Present?
	□ Is P	roperty	/Land withir	n 1000 feet of Lal		nd or Flowage	Distance St	ructure is fro		e: feet	☐ Ye		Yes No
☐ Non-Shoreland					1						_ 140		140
Value at Time	15-31						# of				1,120		Type of
of Completion * include		Proje	ct	# of Storie	25	Foundation	bedrooms		Sewer/S	at Type			Water
donated time &							in structure			he prop			on
material	- Nou	. Cons	truction	> 1-Story		□ Passant			1 1/01				property
			Alteration	☐ 1-Story	Loft	☐ Basement ☐ Foundation	2		Sanitary	y Specify Type: D			
\$ 1000		versio		2-Story & Blocks			□ 3			ts) Specify Type:			
Hor	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		existing bldg)			(<u> </u>			(Pit) or				
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	VI ME							200	ost Toilet				
	X Dr			-		Year Round		☐ Comp	ost Toilet				
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	re: (if per	mit bei				Length: Length: J. Proposed Structure	5	□ None Width:			Heig		Square Footage
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

118 ST CHIPPEWA FALLS WI

Address to send permit ____1322

Fill Out in Ink - NO PENCIL

ges in plans must be approved by the Planning & Zoning Dept.

<u>Oraw or Sketch your Property</u> (regardless of what you are applying for)

Show Location of: **Proposed Construction** (2)Show / Indicate: North (N) on Plot Plan

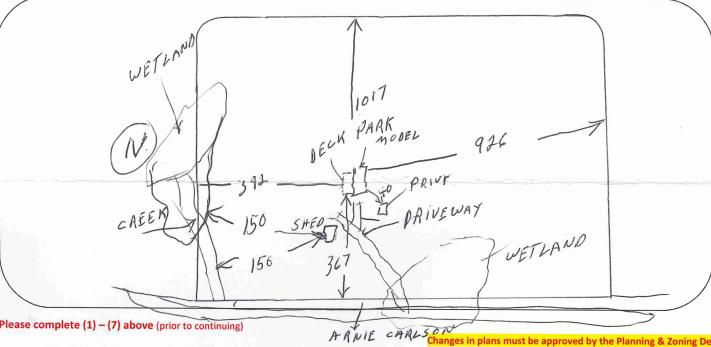
Show Location of (*): (3)(*) Driveway and (*) Frontage Road (Name Frontage Road)

Show: (4)All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*): (6)(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20%



ARNIE

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description Measurement Description Measurement Setback from the Centerline of Platted Road 391 Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way 391 Feet Setback from the River, Stream, Creek Feet 790 Setback from the Bank or Bluff Feet Setback from the North Lot Line 392 Feet Setback from the South Lot Line 916 Setback from Wetland Feet Feet 165 Setback from the West Lot Line Feet 20% Slope Area on the property 367 ✓ No Setback from the East Lot Line Elevation of Floodplain Feet 916 Feet Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet FROM PARK MODEL 40

other previously surveyed corner or marked by a licensed surveyor at

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 18-0496	Permit Date: 12-	7-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes) (Fused/Contiguo	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☑ No				
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by ☐ Yes ☐-No	Variance (B.O.A.)	e #:					
		Were Property Line	s Represented by Owner Was Property Surveyed						
Inspection Record: Zoning District (F-/Lakes Classification (
Date of Inspection: 10/22/16	Inspected by:	Paler		Date of Re-Inspe	ction:				
Signature of Inspector: 12/5/6 Hold For Sanitary: Hold For TBA: Hold For TBA:	Condition: Const practices shall be erosion or sed properties or wet shall be obtained	truction site best man e implemented to pre imentation onto nei lands. Necessary UD RV Not Yo Beard use. To Beard use. To Beard use.	agement vent any ighboring inc permit	ars as per Tu	yp. oval:				

Village, State or Federal May Also Be Required

USE - X

SANITARY - X (Privy)

SIGN
SPECIAL - Class A

CONDITIONAL
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-04	96				Issued To	: A	nn Gleich	ert &	Tho	mas Wh	ite			
Part of Locatio		١W	½ of	SW	1/4	Section	24	Township	45	N.	Range	7	W.	Town of	Drummond
Gov.t L	ot			Lo	ot		Blo	ck		Sub	division			CSM#	
For:	Recre	eatic	nal Ve	hicle	(RV)	and	Priv	y (300 Gall	lon N	lorwe	esco)				
Make: (Discla	Bred imer):	ken An	ridge y future e	Mo	odel#	Park N	lodel	Vehicle d require addi	e #: tional ¡	5DJT permitt	BOU369	9520	9585	Year:	2009
Condition	on:	May Allov or se	not be i	used fo 10 yea ation o	or peri rs. Co ento n	manent re nstructio eighborin	sidend n site	ce best manag	emen	t prac	ctices sha				prevent any erosion btained. RV not to be
NOTE			-											Tracy Po	oler
NOTE:		permi or lan	t expires d use ha	one yea s not beç	r from o gun.	date of issua	ance if t	he authorized	constr	uction	1	,	Autho	rized Issuin	g Official
	Chan	ges ir	plans or	specific	ations	shall not be	made v	vithout obtainir	ng app	roval.					
	This to have	permit	may be sen misrep	void or re presente	evoked d, erroi	l if any of the	e applic complet	ation informati e.	on is fo	ound			D	ecember i	7, 2018
	This comp	permi leted	t may be or if any _l	void or r orohibito	evoked ry cond	l if any perfo ditions are v	ormance riolated.	e conditions ar	e not		Fig			Date	